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5542R 7590 12/22/2009 ROBERT VARITZ 4915 SE 33RD PLACE PORTLAND, OR 97202 03/22/2010 SDIRETA2 00000009 10763665				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mult in an envelope addressed to the Mail Ston ISSUE FEE address above, or being facaimile transmitted to the USPTO (571) 273-2885 on the date indicated below.			
03/2E/2010 SDIRETH 01 FC:1501 02 FC:1504	1510.00 OP 300.00 OP			Anna White Ama 7 March 19,	White		gnature) (Doto)
APPLICATION NO. FILING DATE FIRST NAMED INV 10/763,665 U1/23/2004 Andrew R. Fer ITLE OF INVENTION; METHOD AND APPARATUS FOR EMBEDDED DRIVER DOV				ch SLA1378 9384			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FRE	TOTAL FEE(S) DUE	DATE DUE 03/22/2010	
nonprovisional EXAM	nonprovisional NO \$1510 EXAMINER ART UNIT		CLASS-SUBCLASS]	\$1610	03/22/2010	
(4)(0.7)(1.1)(1.1)(1.1)		2625	358-001130				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). **X*Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form (FTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternation (2) the name of a sing registered attorney or 2 registered patent atte	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the numes of up to 2 registered patent attorneys or agents. If no name is 3 Robert D. Varitz listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent, If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sharp Laboratories of America, Inc. Camas, Washington							
_	iate assignee cutegory or			Individual Corporat			rnment
4a. The following fec(s)	are submitted: No small entity discount p	• 4	b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502392 (enclose an extra copy of this form).				
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